

SUMMARY REPORT

2021 Conversation on Race: Racial Injustice in Health and Healthcare

This year's theme was inspired by the following quote attributed to Dr. Martin Luther King Jr.

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.”



In 2020 Lexington's Human Rights Committee declared

“Racism is a
Public Health Crisis.”

[read the resolution](#)

Speakers

2021 MLK Day Community Conversation On Race

Allison Bryant, MD, MPH



Dr. Bryant explores disparities in obstetric care and outcomes in low-income and minority women, including those in unintended pregnancy, interconception care and birth spacing, uptake of prenatal screening and testing and cesarean delivery. She is now the vice chair for quality, equity and safety in the Department of Obstetrics and Gynecology. In that capacity, she works toward equitable care and outcomes for all patients. She currently works with several regional and national women's health and equity improvement efforts, such as the Massachusetts Department of Public Health's Perinatal Advisory Committee and Maternal Mortality Review Committees, ACOG's Committee on Obstetric Practice and the Society of Maternal Fetal Medicine's Disparities and Workforce Diversity Task Force.

Jocelyn Carter, MD, MPH



Dr. Jocelyn Carter, MD, MPH is clinically prepared in internal medicine and preventive medicine. As a clinician-scientist at Massachusetts General Hospital and an instructor at Harvard Medical School, Dr. Carter's research is focused on improving healthcare outcomes for vulnerable patient populations with serious illness via innovative, patient-centered, and cost-effective interventions. Dr. Carter serves as the MGH Center for Diversity and Inclusion Manager of Trainee Affairs and the MGH Department of General Internal Medicine Director of Research Equity. As such, Dr. Carter is passionate about addressing gaps in healthcare equity for students, trainees, faculty, and staff. Dr. Carter also serves on a number of national committees and academic boards.

Assistant Speaker of the House Katherine Clark



Congresswoman Katherine Clark proudly serves the Fifth District of Massachusetts. Katherine is driven by her commitment to helping children and families succeed. She is a vocal advocate for ending wage discrimination, protecting women's health care, access to affordable, high-quality child care, paid family leave, safer schools, and other reforms to address the challenges women and families face. She believes that Congress must work to end the glaring disconnect between the needs of families at home and priorities in Washington. In fall 2020, she was elected to serve as Assistant Speaker of the 117th Congress.

Excerpts of Community Reflections and Stories

- Horrific to hear that Black and Brown communities have been used as guinea pigs for medical experiments; this connects dots for me about news that Black and Brown communities are reluctant to be in COVID trials; also hearing that White communities are now snapping up all the vaccines - disparities in access.
- As a physician, I have really been thinking about when I made assumptions about my patients, and see how this leads me to assume barriers that may or not be there, how to talk with patients and listen better.
- As a young person, it's sad that this information (about discrepancies and inequities) isn't shocking, and that we are growing up in this kind of world. Makes me sad and distrustful of institutions.
- ..what is necessary for White people is soul-searching and work to uncover biases, which will take time, a lot of time.
- The presentations this morning were sweeping, clear and great, but quite a lot of information all at once. I would like to say that even as I have participated in anti-racist group discussions in Lexington, I am shocked by what I hear [racist opinions and statements].

Excerpts of Community Reflections and Stories

(Cont'd)

- I was struck by hearing Reggie say we've never been united, we've always been separate
- In schools, we are taught about racism, taught about not saying the N-word, but people still do it. They still aren't understanding. Sharing personal feelings about the impacts of words can make a big difference.
- I have a Black transgender friend who was hospitalized as a result of trans-phobic attacks. The health care staff did not take their symptoms as seriously as a White person.
- Discussion around medical norms are designed around White people. So how do we balance not stereotyping and providing equitable care, but also knowing the biomedical differences race can play? Example of Black man who went for surgery and his numbers were not in the range so they sent him home. Hematologist said the numbers were normal for Black men. These types of stereotypes are what led us to thinking Black people don't need as much anesthesia. But the fact that the norms are based on white people mean we might miss diagnoses for other populations.
- A lot of people of color are lactose intolerant, but the school food is very dairy based. Leads to inflammation, heart diseases, this is science, it's not hearsay, but it's not out there and medical professionals aren't acting on it.

Living in different worlds:

Wide gap in knowledge and awareness

(I was) ..most struck by the continued health disparities. Thought that awareness had been raised and addressed many years ago. Always shocked but frustrated by the inequities that continue to this day.

The stats are shocking.

Everything I heard today stood out as important, but nothing surprised me

I've felt discrimination in my own life based on the color of my skin.

- can tell by the way people look at me (as a person of color)- it happens all the time, wherever I am, no matter how well I succeed.

Progressive \neq Anti-Racist

"Very struck by the information we heard, that even in a place as progressive and well-off as Boston, there are significant racial disparities in healthcare outcomes."

"If this is our issue in the Northeast where we have a higher level of awareness, think of the issues around the country. What's happening throughout the country?"

Not just in healthcare - Racism is systemic and seeps into everything we do

We see disproportionate impacts in many sectors including education*. Despite efforts and training those disparities continue to exist. More accountability is important. Decision-makers need to be held responsible for the decisions they make. Making sure to go to the data and make policy and procedural changes.

**Although not mentioned in the notes, we want to acknowledge disproportionate impacts and outcomes are built into all institutions including but not limited to employment advancement, housing.*

Key themes from the breakout discussions.

- Advocacy
- Education
- Speak Up / Active bystander
- Data
- Access to opportunities

Students have powerful voices, we can work with students to co-sign a letter advocating for equity. When we elevate our voices, the more powerful we get. Dr. Julie Hackett's open offer to help students co-author a letter on healthcare inequities.

ADVOCACY

- Contact [elected officials](#)
- If you feel comfortable, ask your own doctor about what they are doing in their hospitals to address racism in healthcare
- Focus on policy - consider [MGH 10 point plan](#)

I was in medical school 20 years ago and the anti-Black lexicon needs to change. As doctors, we need to think about how we speak to patients, think about patients, check implicit biases and most importantly - reform medical school with anti-racist ethos.

Special education students (where minority students are overrepresented) struggle with their learning disabilities/challenges which can also interfere with those students' ability to feel a part of the school community. Most/all of these students had experienced trauma and can feel socially excluded. The school and the town could do a better job helping these students be more effectively integrated into the school community.

EDUCATION

- Educate yourself, do research on health inequities and educate others
- More community education about implicit bias, microaggression, and upstander/bystander testing or training.
- Organize after-school activities to discuss such topics, and maybe start in elementary schools, similar to discussions about bullying right now

"I want to be more of an active bystander. As a Chinese-American, I've learned to be polite and passive. I'd like to use my voice more and be more fully expressive. Our voices really need to be in there."

"- that administration, higher ups depend on people who are affected to speak-up. We (people of color) lack allies, especially at school level, when talking about racial justice. The people who are affected can't be the only ones speaking up."

“Kids in school sometimes say crappy, racist things
- challenge these comments.”

Active Bystander (Speak Up)

- FREE class on active bystander by LHRC.
- Challenge racist comments.
- Develop scripts for these conversations and be ready for when they happen.

Important to spread the data, the facts, and then we can spread them further around to the circles of influence.

I'm going to share these statistics in my Korean group as they are not aware of racism and usually there's no connection with other races.

DATA

- Create an 'in'-equity inbox to enable anonymous reporting of discrimination, bias, microaggression
- Research race based disparities in one's own work place
- Personal data - do you have a racially diverse friendship group? Do you talk about racism with your friends?

Those who have lived experience of inequities must be at the table. Not just to check a box, but as stakeholders and fellow leaders with a defined role. Intentionality is the key word.

“nothing about us, without us”

Increasing access to opportunities for Black people

- Healthcare professionals – not enough Black people. Partner with college to encourage Black people to apply to medical school
- Changing how we review university applications
- Remove barriers to education starting from preK

Everyone has the power to make a difference in the structural factors that influence health and healthcare outcomes.

Specific suggested for Lexington

- Creation of a specific position in Lexington governance with focus on equity
- Convene all organizations within Lexington town to share best practice and lessons learned on racial and social justice practices
- Hold our town accountable for both collecting and reporting data on racial inequities
- Develop scripts for having these various conversations with friends, classmates, doctors, etc.

Actions available in Lexington

- **Consider creating/joining a learning forum on racism**
 - [ABCL banner project](#), leads to a more supportive culture.

These banners feature 24 prominent Black citizens, both local and beyond, who have shaped the history and culture of Lexington. These visual tributes were unveiled at a virtual ceremony put on by ABCL in January, and you can watch a recording of the event on LexMedia's website [here](#)
 - [Book Club - i.e. Cary Library Social Justice Book Club](#)
 - [Dismantling Racism in Our Town](#)
 - [Active Bystander Training](#)
 - [Resources from Conversation on Race- Injustice in Health and Healthcare](#)
- Improvement in structural factors locally >> [Lexington Food Pantry](#), [Lexington Housing Authority](#)
- **Create [In-equity inbox](#) in Lexington**
- Find out what the Town of Lexington and its schools are doing about [equity and racial and social justice](#)

Education Actions

- **Youth have powerful voices. Listen to them.**
- Commit to educating your children about anti-racism and bias
 - [LPS Equity Website](#)
 - <https://www.embracerace.org>
 - [2020 MLK Conversation on Race](#) - “The Necessity of Discussing Race and Racism with your Family at Home”
- **Support teaching social justice in preK-12.** Teach the history of racism beginning at least from colonization of the Americas in the education system. Acknowledge the use of racism/White supremacy to establish and maintain power in the U.S. The education system needs to be reformed to be anti-racist. This means teaching our students curriculum enabling them to understand why disparities between races exist and remain today.
- **Understand how we got here by learning and understanding the historic roots of racism.**
- Find ways to improve pipeline of children of color (especially Black, Brown, Indigenous) interested in science and health professions.

Actions we can take to affect change

- Understanding your [own implicit biases](#) and notice where they show up in your daily life.
- Recognize the privileges you have
- Take inventory in the businesses/organizations you lead and use data to inform on policy
- Commit to buying at a minority-owned business
 - Consider 25% of food/services/gifts from minority owned/facing businesses
 - ABCL curated list of local businesses
 - [BECMA](#) (Black Economic Council of Massachusetts)
- Develop scripts for having conversations on systemic racism with friends, classmates, doctors, etc.
- Ask your friends and families in healthcare about what they know/understand about inequities in healthcare and what are they doing to be anti-racist?
- Donate to health equity organizations
- Advocate for legislation aimed at improving the health of all populations >> call your representatives
- Make space for people of color to lead.
- Improvement in structural factors locally >> Food insecurities (food bank), housing, literacy
- Employers - encourage your employees to utilize sick leave, take health visits, and vaccinate
- Share data and statistics helps engage people in this conversation
- Create In-equity inboxes in your own workplaces
- **VOTE**

More Conversation on Race...

"difference from Lexington and Boston is big. Lexington residents are in a bubble, including high school students who haven't had any personal experiences with racism. Hold mandatory meetings. This is optional, says of today's event, great that 200 people who came. But it's not the masses."

"We only meet as a town once a year; can we do this quarterly; get all ages together; can we continue this conversation as a community at a larger level."

"This single conversation is not enough. WE need to have these conversations throughout the year."

Huge thank you to Dr.
Carter and Lexington's
own Dr. Bryant

Many people asked to be able to share this information and
felt it was important that others watch this presentation, too.

2021 Conversation on Race “Injustice in Health and Healthcare”

[Feature speaker presentation](#)

from Allison Bryant, MD,MPH and Jocelyn
Carter, MD, MPH

[Assistant Speaker Katherine Clark excerpt](#)

Contact your elected officials

Lexington Select Board

- Doug Lucente
- Jill Hai
- Joe Pato
- Suzie Barry
- Mark Sandeen

School Committee

- Kathleen Lenihan
- Eileen Jay
- Deepika Sawhney
- Scott Bokun
- Sara Cuthbertson

Town Meeting Members and their contacts by precinct

Town Manager

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Kelly Axtell

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[5th District Congresswoman Katherine Clark](#) - contact by email [here](#)

Thank you to our VOLUNTEERS

2021
MLK Day
Conversation
On
Race

Organizing Team

co-chairs

Tanya Gisolfi McCready
Jodi Finnagan

volunteers

Deborah Armstrong
Nancy Brodsky
Sara Cuthbertson
Carolyn Fleiss
Larry Freeman
Ambar Iqbal
Christina Lin
Catherine Reilly
Melanie Thompson
Gwen Wong

Facilitators

Al Zabin
Alessandro Alessandrini
Amber Iqbal
Archan Basu
Beatrice Holland
Bill Voegelé
Carolyn Fleiss
Catherine Rielly
Connie Parrish
Deborah Armstrong
Deborah Jacoby-Twigg
Deepika Sawhney
Diana Carson
Ed Bond

Eileen Jay
Gwen Wong
Jill Hai
Joe Pato
Jonathan Suber
Katie O'Hare Gibson
Larry Freeman
Lawrence Chan
Linda Wertheimer
Lisa Snellings
Madeline Wang
Maggie Herzig
Manasi Singhal
Marci Cemenska

Margaret Micholet
Matthew Cohen
Melanie Thompson
Nancy Brodsky
Neil McGaraghan
Nita Sturiale
Rev. Anne Mason
Rev. Reebee Kavich
Girash
Richard Rhodes
Sara Cuthbertson
Saru Wade
Sheila Chen Lawrence
Stephanie Hsu
Tempe Goodhue
Vineeta Kumar